

NOTICE OF INDEPENDENT REVIEW DECISION

August 19, 2003

MDR Tracking Number: M2-03-1421-01

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a trained peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a lumbar spine injury on ____ from lifting folding cafeteria tables. An MRI dated 11/27/02 revealed a disc bulge with annular tear at L3-4, herniation at L4-5 indenting the thecal sac and prominent facet arthrosis, and annular bulge at L5-S1 with foraminal narrowing. Electromyography and nerve conduction velocity studies from 12/23/02 were normal. The patient has seen a chiropractor for treatment and physical therapy.

Requested Service(s)

Work hardening program, 5 times per week for 6 weeks

Decision

It is determined that the proposed work hardening program, 5 times per week for 6 weeks was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The submitted documentation does not support the rationale for the requested work hardening program at this juncture. Specifically, this patient has undergone several months of chiropractic care. The office notes do not indicate that the patient has been administered a course of active care. These notes also indicate that the patient was administered standard manipulations. If active care was in fact administered, there are no indications as to what therapeutic gain was achieved during that course of care. If active care was not administered, it would make clinical sense that a course of active care would precede the work hardening program to try to bring about resolution before entering into a multi-disciplinary tertiary level program. Secondly, the functional capacity evaluation (FCE) summary indicated that this claimant was able to “function independently in the competitive labor market with accommodations”. This indicates that the patient, from a physical standpoint, does not in fact need a work hardening program. In addition, there are no job related goals stated in the documentation that the patient needs to attain as a result of the work hardening program. This indicates a non-goal oriented treatment plan. Lastly, the patient underwent a behavioral assessment on 04/30/03, which reported, “it is unlikely that this patient will experience positive results from a work hardening program”. Therefore, it is determined that the proposed work hardening program, 5 times per week for 6 weeks was not medically necessary.